INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

DO NOT RESUSCITATE REPORT FORM

TODAY'S DATE: _____/_____/_____ DATE OF INCIDENT: _____/_____/_____

EMT-P NAME: _____ LOCAL ACCRED #: _____

EMPLOYER: _____ CONTACT TIME W/PATIENT: _____

PATIENT NAME: _____ PATIENT AGE: _____

ADDRESS: _____

LOCATION AT TIME OF ARREST:_____

TYPE OF DNR REQUEST

_____ DNR MEDALLION/BRACELET/NECKLACE ID#: _____

_____ PREHOSPITAL DNR FORM

_____ WRITTEN DNR ORDER or ADVANCED DIRECTIVE ON THE PATIENT'S CHART
(For Licensed Healthcare Facilities ONLY)

PATIENTS CONDITION UPON ARRIVAL: _____

WITNESSES PRESENT: _____

DISPOSITION OF PATIENT: _____

This DNR report form must be filed with the Base Hospital within 24 hours of the incident. The Base Hospital PLN shall review this report and forward a copy to the ICEMA QI Coordinator within 72 hours of the incident with any irregularities in policy noted, pursuant to Standard Practice Protocol, Reference #12020.

A COPY OF THE PATIENT CARE RECORD MUST BE ATTACHED

BASE HOSPITAL PLN COMMENTS: _____

_____

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